

# Enrollment Application

## Applicant information

Print name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone number \_\_\_\_\_

## Employer information

Print name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

I certify that I am working 30 or more hours per week in unsubsidized employment and:

- ☐ I have provided payroll documentation for verification.
- ☐ I do not have payroll documentation or it is incomplete.
- ☐ I authorize an Employment Security Department, Career Services Representative to contact my employer to verify that I am working the required hours.

I understand that I must tell an Employment Security Department Career Services Representative if:

- My address changes
- I move out of state
- I am no longer working 30 hours per week.

**If we become aware of any of the above conditions, it may result in termination from the Career Services Program.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## Official use only

### Step 1: Completed by CSP counselor

Application processed by (*print counselor name*) \_\_\_\_\_ Date \_\_\_\_\_

### Step 2: Completed by Supervisor or Administrator

Enrollment approved by (*print name*) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Comments \_\_\_\_\_

### Step 3: Enrollment in SKIES completed by CSP Counselor

Name (*print counselor name*) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Attach payroll documentation and/or employment verification forms to the application and retain in file.**